

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN District of MASSACHUSETTS

Case number (if known): _____

Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

U.S. BANKRUPTCY COURT

2018 OCT -3 P 2:31

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Douglas

First name

G

Middle name

Bezio

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 3 2 0 5

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1 **Douglas G Bezio**
First Name Middle Name Last Name

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☐ I have not used any business names or EINs.

Marven Way Rentals

Business name

Business name

0 1 5 5 4 3 2 0 5
EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

135 Marven Way

Number Street

Wellfleet MA 02667
City State ZIP Code

Barnstable
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

735
P.O. Box

Wellfleet MA 02667
City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1 Douglas G Bezio
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☒ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Douglas G Bezio
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☐ No. Go to Part 4.

☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Marven Way Rentals

Name of business, if any

135 Marven Way

Number Street

Wellfleet

City

MA

State

02667

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☒ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Douglas G Bezio
First Name Middle Name Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Douglas G Bezio
First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☒ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.
Tax debts, IRS and State of Massachusetts

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x [Signature]
Signature of Debtor 1

Executed on 10/3/18
MM / DD / YYYY

x _____
Signature of Debtor 2

Executed on _____
MM / DD / YYYY

Debtor 1 Douglas G Bezio
First Name Middle Name Last Name

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

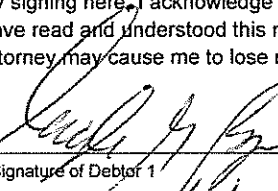
- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x 
Signature of Debtor 1

Date 10/3/18
MM / DD / YYYY

Contact phone (774) 216-1316

Cell phone (774) 216-1316

Email address dbezio@comcast.net

x _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

U.S. BANKRUPTCY COURT

Certificate Number: 15322-MA-CC-031702575

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15322-MA-CC-031702575

CERTIFICATE OF COUNSELING

I CERTIFY that on October 2, 2018, at 1:05 o'clock PM EDT, Doug Bezio received from 1\$ Wiser Consumer Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Massachusetts, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 2, 2018 By: /s/Amy Morris

Name: Amy Morris

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court
District of Massachusetts

U.S. BANKRUPTCY COURT

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In re

Case No

Chapter 11

Debtor: Douglas G. Bezio

VERIFICATION OF MATRIX

The above -named debtor verifies under penalty of perjury that the attached List of Creditors, which consists of 2 pages and a total of 16 creditors, is true, correct and complete to the best of my knowledge.

Date: 10/3/18


Debtor

Capital One Services LLC
P.O. Box 30248
Salt Lake City, UT 84130-0248

Cohen Cleary LLC
ATTN: Huttelman
10 Commerce Way
Raynham, MA 02767

Convergent Outsourcing INC
800 SW 39th Street, Suite 100
P.O. Box 9004
Renton, WA 98057

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193-8873

ERC
P.O. Box 57610
Jacksonville, FL 32241

Eversource
247 Station Drive
Westwood, MA 02090

First Premiere Bank
Credit Card Services
P.O. Box 5524
Sioux Falls, SD 57117-5524

First Savings Credit Cards
P.O. Box 5019
Sioux Falls, SD 57117-5019

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101

LNNV Funding LLC
P.O. Box 10497
Greenville, SC 29603

LTD Financial Services LLC
3200 Wilcrest Suite 600
Houston, TX 77042-6000

Marci Oil
37 Franklin Street
Provincetown, MA 02657

Massachusetts Department of Revenue
Attn: Bankruptcy Unit
P.O. Box 9564
Boston, MA 02114-9564

PNC Bank
Attn: Bankruptcy Department
P.O. Box 489909
Charlotte, NC 28269-5329

Rushmore Loan Management Services
Attn: Bankruptcy Department
15480 Laguna Canyon Road, Suite 100
Irvine, CA 92618

Val Diviacchi Law Office
111 Beach Street
Boston, MA 02111

Fill in this information to identify your case:

Debtor 1 Douglas G Bezio
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Massachusetts

Case number
(If known) _____

U.S. BANKRUPTCY COURT

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☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

Unsecured claim

1

IRS 2008 Federal Income Tax

Creditor's Name
Centralized Insolvency Operations

Number PO Box 7346
Street

Philadelphia PA 19101
City State ZIP Code

Customer Service
Contact

(800) 973-0424
Contact phone

What is the nature of the claim? 2008 Personal Inc Tax \$ 23,203.38

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured): \$ 81,252.38
Value of security: - \$ 58,049.00
Unsecured claim \$ 23,203.38

2

IRS 2006 Federal Income Tax

Creditor's Name
Centralized Insolvency Operations

Number PO Box 7346
Street

Philadelphia PA 19101
City State ZIP Code

Customer Service
Contact

(800) 973-0424
Contact phone

What is the nature of the claim? 2006 Personal Inc Tax \$ 16,451.52

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured): \$ 48,044.52
Value of security: - \$ 31,593.00
Unsecured claim \$ 16,451.52

Debtor 1 **Douglas G Bezio** Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">3</div>	IRS 2007 Federal income Tax Creditor's Name Centralized Insolvency Operations Number Street PO Box 7346 Philadelphia PA 19101 City State ZIP Code Customer Service Contact (800) 973-0424 Contact phone	What is the nature of the claim? <u>2007 Personal inc Tax</u> \$ <u>15,285.60</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$ <u>41,297.60</u> Value of security: - \$ <u>26,012.00</u> Unsecured claim \$ <u>15,285.60</u>
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">4</div>	PNC Bank Creditor's Name Attn: Bankruptcy Department Number Street PO Box 489909 Charlotte NC 28269 City State ZIP Code Bankruptcy Department Contact (877) 710-3533 Contact phone	What is the nature of the claim? <u>2nd mortgage</u> \$ <u>8,000.00</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$ <u>308,000.00</u> Value of security: - \$ <u>300,000.00</u> Unsecured claim \$ <u>8,000.00</u>
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">5</div>	Eversource Creditor's Name Number Street 247 Station Avenue Westwood MA 02090 City State ZIP Code Contact (800) 592-2000 Contact phone	What is the nature of the claim? <u>electric power</u> \$ <u>3,500.00</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">6</div>	IRS 2009 Federal Income Tax Creditor's Name Centralized Insolvency Operations Number Street PO Box 7346 Philadelphia PA 19101 City State ZIP Code Customer Service Contact (800) 973-0424 Contact phone	What is the nature of the claim? <u>2009 Personal inc Tax</u> \$ <u>3,087.29</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$ <u>8,711.29</u> Value of security: - \$ <u>5,624.00</u> Unsecured claim \$ <u>3,087.29</u>
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">7</div>	IRS 2011 Federal Income Tax Creditor's Name Centralized Insolvency Operations Number Street PO Box 7346 Philadelphia PA 19101 City State ZIP Code Customer Service Contact (800) 973-0424 Contact phone	What is the nature of the claim? <u>2011 Personal inc Tax</u> \$ <u>2,112.23</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$ <u>7,549.23</u> Value of security: - \$ <u>5,432.00</u> Unsecured claim \$ <u>2,112.23</u>

Debtor 1 **Douglas** **G** **Bezio** Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

8 Capital One Services LLC What is the nature of the claim? Credit Card XXXX-4749 \$ 1,836.00
 Creditor's Name
 Number Street
PO Box 30248
Salt Lake City UT 84130
 City State ZIP Code
Customer Solutions Team
 Contact
(800) 955-6600
 Contact phone

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?
☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

9 IRS 2010 Federal Income Tax What is the nature of the claim? 2010 Personal Inc Tax \$ 1,619.95
 Creditor's Name
Centralized Insolvency Operations
 Number Street
PO Box 7346
Philadelphia PA 19101
 City State ZIP Code
Customer Service
 Contact
(800) 973-0424
 Contact phone

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?
☐ No
☒ Yes. Total claim (secured and unsecured): \$ 9,739.95
 Value of security: - \$ 8,120.00
 Unsecured claim \$ 1,619.95

10 Credit One Bank What is the nature of the claim? Credit Card XXXX-6448 \$ 1,165.00
 Creditor's Name
 Number Street
PO Box 98873
Las Vegas NV 89193
 City State ZIP Code
Collections Dept
 Contact
(877) 825-3242
 Contact phone

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?
☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

11 Capital One Services LLC What is the nature of the claim? Credit Card XXXX-3875 \$ 1,132.00
 Creditor's Name
 Number Street
PO Box 30248
Salt Lake City UT 84130
 City State ZIP Code
Customer Solutions Team
 Contact
(800) 955-6600
 Contact phone

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?
☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

12 Capital One Services What is the nature of the claim? Credit Card XXXX-4653 \$ 950.00
 Creditor's Name
 Number Street
PO Box 30248
Salt Lake City UT 84130
 City State ZIP Code
Customer Solutions Team
 Contact
(800) 955-6600
 Contact phone

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?
☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
 Value of security: - \$ _____
 Unsecured claim \$ _____

Debtor 1 Douglas G Bezio Case number (if known) _____
First Name Middle Name Last Name

Unsecured claim

13	Capital One Services LLC Creditor's Name Number Street PO Box 30248 Salt Lake City UT 84130 City State ZIP Code Customer Solutions Team Contact (800) 955-6600 Contact phone	What is the nature of the claim? <u>Credit card XXXX-3154</u> \$ <u>875.00</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
14	Marci Oil Creditor's Name Number Street 37 Franklin Street Provincetown MA 02657 City State ZIP Code Accounts Receivable Contact (508) 487-0219 Contact phone	What is the nature of the claim? <u>furnice service</u> \$ <u>869.98</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
15	First Premiere Bank Creditor's Name Credit Card Services Number Street PO Box 5524 Sioux Falls SD 57117 City State ZIP Code Collections Dept Contact (800) 987-5521 Contact phone	What is the nature of the claim? <u>Credit Card XXXX-0711</u> \$ <u>837.43</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
16	Massachusetts Dept Of Revenue Creditor's Name Attn: Bankruptcy Department Number Street PO Box 9564 Boston MA 02114 City State ZIP Code Collections Contact (800) 392-6089 Contact phone	What is the nature of the claim? <u>Income Taxes</u> \$ <u>719.00</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$ <u>21,809.00</u> Value of security: - \$ <u>21,090.00</u> Unsecured claim \$ <u>719.00</u>
17	First Savings Credit Cards Creditor's Name Number Street PO Box 5019 Sioux Falls SD 57117 City State ZIP Code Collections Dept Contact (888) 437-0109 Contact phone	What is the nature of the claim? <u>Credit Card XXXX-6756</u> \$ <u>504.00</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____

Debtor 1 Douglas G Bezio Case number (if known) _____
First Name Middle Name Last Name

Unsecured claim

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Capital One Services LLC

Creditor's Name

Number Street

PO Box 30248

Salt Lake City UT 84130

City State ZIP Code

Customer Solutions Team

Contact

(800) 955-6600

Contact phone

What is the nature of the claim? Credit Card XXXX-0910

\$ 428.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: \$ _____
Unsecured claim \$ _____

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Credit One Bank

Creditor's Name

Number Street

PO Box 98873

Las Vegas NV 89193

City State ZIP Code

Collections Dept

Contact

(877) 825-3242

Contact phone

What is the nature of the claim? Credit Card XXXX-6936

\$ 850.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: \$ _____
Unsecured claim \$ _____

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Convergent Outsourcing Inc

Creditor's Name

800 SW 39th Street, Suite 100

Number Street

PO Box 9004

Renton WA 98057

City State ZIP Code

Customer Service

Contact

(877) 693-0017

Contact phone

What is the nature of the claim? Credit Card Collect -1951

\$ 520.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: \$ _____
Unsecured claim \$ _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

x *Douglas G Bezio* x
Signature of Debtor 1

Signature of Debtor 2

Date 10/03/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY